

PO6000085140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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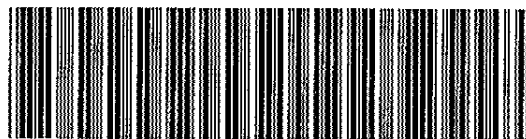
(Business Entity Name)

(Document Number)

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06 JUL 28 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend 7-28-06
* cert copy
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: North Florida Rehab 1, Inc.

DOCUMENT NUMBER: PO6000085140

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Calvin Pryor

(Name of Contact Person)

North Florida Rehab 1, Inc.

(Firm/ Company)

197 SW Waterford Court, Suite 204,

(Address)

Lake City, Florida 32025

(City/ State and Zip Code)

For further information concerning this matter, please call:

Calvin Pryor

(Name of Contact Person)

at (386) 719-2230

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

North Florida Rehab 1, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

PO6000085140

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Removal of Glenn Richter-President/Director

Addition of Gail H. Roth-Vice President/Director

Change of status: Calvin Pryor to President/Director from Vice President/Director

Amend Company Address to: 197 SW Waterford Court, Suite 204, Lake City, FL 32025

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: Monday, July 24, 2006

Effective date if applicable: Monday, July 24, 2006

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**


- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by

_____"
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature


(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Calvin Pryor

(Typed or printed name of person signing)

President/Director-Registered Agent

(Title of person signing)

FILING FEE: \$35